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FACSIMILE COVER SHEET

June 28, 2004

Receiver: Examiner Jean E. Lesperance
Art Unit 2674

TEL #:

FAX #: 703-872-9306

Sender: Quin C. Hoellwarth, Reg. No. 45,738

Re: Response Transmittal (1 pgs.)
Response D AF (6 pgs.)
Application No. 10/060,712
Attorney Docket No. APL1P234C1

Pages Including Cover Sheet(s): 8

MESSAGE:

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Andre et al.

Attorney Docket No.: APL1P234C1/P2426

Application No.: 10/060,712

Examiner: Lesperance, Jean E.

Filed: January 29, 2002

Group: 2674

Title: CURSOR CONTROL DEVICE
HAVING AN INTEGRAL TOP
MEMBER

Confirmation No. 8995

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted by facsimile to fax number 703-872-9306 to the U.S. Patent and Trademark Office on June 28, 2004.

Signed: 

Agnes Spence

RESPONSE TRANSMITTALMail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

| | Claims After Amendment | | Highest Previously Paid For | Present Extra | Small Entity Rate Fee | Large Entity Rate Fee |
|--|------------------------------|-------|-----------------------------------|------------------|--------------------------|--------------------------|
| Total Claims | 26 | MINUS | 26 | 0 | x 9 = | x 18 = 0 |
| Independent Claims | 7 | MINUS | 7 | 0 | x 43 = | x 86 = 0 |
| Multiple Dependent Claim Present and Fee Not Previously Paid | | | | | \$145.00 | \$290.00 |
| Total | | | | | \$ | \$0 |

- ☐ Applicant(s) hereby petition for a _____ month extension(s) of time to respond to the aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 500388.
- ☐ Enclosed is our Check No. _____ in the amount of \$_____ to cover the additional claim fee and/or extension of time fees.
- ☒ Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 500388 (Order No. APL1P234C1).

Respectfully submitted,
BEYER WEAVER & THOMAS, LLP

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